
State: District of Columbia **First Filing Company:** Oden, a West business, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC
Product Name: Oden Policy Terminator
Project Name/Number: DC C38/DCC-CN-0518#14

Filing at a Glance

Companies: Oden, a West business
West Publishing Company, dba Oden
West Publishing Corporation, using the name Oden, a West business
West Publishing Corporation, dba Oden, a West business
ODEN

Product Name: Oden Policy Terminator

State: District of Columbia

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0003 Excess WC

Filing Type: Form

Date Submitted: 05/03/2018

SERFF Tr Num: ODEN-131486193

SERFF Status: Pending Industry Response

State Tr Num:

State Status:

Co Tr Num: DCC-CN-0518#14

Effective Date On Approval

Requested (New):

Effective Date On Approval

Requested (Renewal):

Author(s): Penny Baker, Amber King

Reviewer(s): John Rielley (primary)

Disposition Date:

Disposition Status:

Effective Date (New):

Effective Date (Renewal):

State: District of Columbia
TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC
Product Name: Oden Policy Terminator
Project Name/Number: DC C38/DCC-CN-0518#14

First Filing Company: Oden, a West business, ...

General Information

Project Name: DC C38
Project Number: DCC-CN-0518#14
Reference Organization:
Reference Title:
Filing Status Changed: 05/14/2018
State Status Changed:
Created By: Penny Baker
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed
Domicile Status Comments: Filing not required in Oklahoma.
Reference Number:
Advisory Org. Circular:

Deemer Date:
Submitted By: Penny Baker

Filing Description:

Updated the addresses and phone numbers for the District's Assigned Risk Plans.

Company and Contact

Filing Contact Information

Deborah Rainey, Licensing Filing Administrator	deborah.rainey@thomsonreuters.com
1216 E Kenosha St, #144	651-848-3460 [Phone]
Broken Arrow, OK 74012-2007	651-848-9902 [FAX]

State: District of Columbia
TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC
Product Name: Oden Policy Terminator
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First Filing Company: Oden, a West business, ...

Filing Company Information

ODEN	CoCode:	State of Domicile: Oklahoma
610 Opperman Dr; D3-S1220	Group Code:	Company Type: Advisory
Eagan, MN 55123-1340	Group Name:	Organization
(651) 848-3460 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5332 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Company, dba Oden	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type:
Tulsa, OK 74133	Group Name:	Advisory/Rating Organization
(918) 556-5305 ext. [Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, using the name Oden, a West business	CoCode:	State of Domicile: Minnesota
7645 E 63rd St., Suite 200	Group Code:	Company Type: Rate Service
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

West Publishing Corporation, dba Oden, a West business	CoCode:	State of Domicile: Oklahoma
7645 E. 63rd St., Suite 200	Group Code:	Company Type: Advisory
Tulsa, OK 74133	Group Name:	Organization
(877) 633-6467 ext. 305[Phone]	FEIN Number: 41-1426973	State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	First Filing Company:	Oden, a West business, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC		
Product Name:	Oden Policy Terminator		
Project Name/Number:	DC C38/DCC-CN-0518#14		

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	John Rielley	05/14/2018	05/14/2018

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia **First Filing Company:** Oden, a West business, ...
TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC
Product Name: Oden Policy Terminator
Project Name/Number: DC C38/DCC-CN-0518#14

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/14/2018
Submitted Date	05/14/2018
Respond By Date	05/18/2018

Dear Deborah Rainey,

Introduction:

send me in previous approved form with red line.

Conclusion:

Sincerely,
John Rielley

SERFF Tracking #:

ODEN-131486193

State Tracking #:

Company Tracking #:

DCC-CN-0518#14

State: District of Columbia

TOI/Sub-TOI: 16.0 Workers Compensation/16.0003 Excess WC

Product Name: Oden Policy Terminator

Project Name/Number: DC C38/DCC-CN-0518#14

First Filing Company: Oden, a West business, ...

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Notice of Cancellation Excess WC	CC96970801DC42018	2018	CNR	Replaced	Previous Filing Number:	DCCCNR - 0315#15		C-EXCESSWC-ALLReasons.pdf
							Replaced Form Number:	CC96970801DC82013		
2		Notice of Nonrenewal Excess WC	CN96970801DC42018	2018	CNR	Replaced	Previous Filing Number:	DCCCNR - 0315#15		N-EXCESSWC-ALLReasons.pdf
							Replaced Form Number:	CN96970801DC82013		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: EXCESS WORKERS' COMPENSATION
Date of Cancellation: 05/18/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

If you dispute this action, you may, before the effective date of this action, send written notification to the Commissioner and to us of the reasons why you dispute this action. The Commissioner will, unless the matter has already been settled, determine if this action was authorized under the terms of this chapter. The Commissioner's address is: Commissioner of Insurance, Department of Insurance, Securities and Banking, 1050 First Street NE, Suite 801, Washington DC 20002.

Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
30th day of April, 2018

AUTHORIZED REPRESENTATIVE

XYZ INSURANCE COMPANY
123 FIRST STREET
TULSA SD 57007

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 12345

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

PRODUCER'S NAME
PRODUCER'S ADDRESS
PRODUCER'S CITY DC 55555

Policy No.: POLICY NUMBER
Type of Policy: EXCESS WORKERS' COMPENSATION
Date of Expiration: 09/01/2018; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is **THIS IS WHERE THE SPECIFIC REASON FOR TERMINATION WOULD BE STATED**

You may be eligible for insurance under the District of Columbia Insurance Placement Act, the District of Columbia Automobile Insurance Plan, or other similar existing plans. You should contact your agent concerning coverage through another insurer or your possible eligibility for coverage under one of these plans. Alternately, you may contact one of these plans. District of Columbia Property Insurance Facility, 3290 N. Ridge Road, Suite 210, Ellicott City, Maryland 21043 Telephone: 1-800-492-5670. District of Columbia Automobile Insurance Plan, P.O. Box 6530, Providence, Rhode Island 02940 Telephone: 1-888-820-0170.

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Named Insured

NAMED INSURED
ADDRESS LINE 1
ADDRESS LINE 2
CITY DC 11111

Date Mailed:
14th day of August, 2018

AUTHORIZED REPRESENTATIVE

State:	District of Columbia	First Filing Company:	Oden, a West business, ...
TOI/Sub-TOI:	16.0 Workers Compensation/16.0003 Excess WC		
Product Name:	Oden Policy Terminator		
Project Name/Number:	DC C38/DCC-CN-0518#14		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Oden PT Filing Cover Letter and Forms list
Comments:	
Attachment(s):	ODEN PT FILING CoverLetter.pdf Forms List.pdf
Item Status:	
Status Date:	

ODEN PT FILING MEMO

To: District of Columbia Department of Insurance, Securities & Banking

From: Oden a West Business – Rating Organization

Date: May 2, 2018

Re: Filing for approval – Cancellation and Nonrenewal Notices for Commercial Excess Workers' Compensation

Filing Reference # DCC-CN-0518#14

These policy forms have been modified to the Oden Policy Terminator software program: Cancellation and Nonrenewal Notices for Commercial Excess Workers' Compensation are submitted for approval.

Also included is a list of the form numbers for the notices. This is a replaced filing as this is a modified form.

The most current list of member companies on whose behalf we are submitting these filings was emailed April 9, 2018 to Denise Parker, Rate & Form Analyst.

The notices are generated from the ODEN Policy Terminator (PT), which was developed in 1995. The software program is a knowledge based program that meets the requirements of all 50 states and the District of Columbia for commercial and personal lines.

The PT program does not store forms. Rather, it generates notices for the specific state requirements of all variables based on the action being taken, the reason for the action and the policy type or coverage.

Thus, the program assigns a "form number" for each specific situation. The form number is located in the lower left-hand corner of the notice. For example: PC96970801DC42018. (The last 5 digits are not an edition date, but rather the date of the most recent "clause" on the notice.)

If you have any questions or need further information, please do not hesitate to contact me at (651)848-3472 or by e-mail: penny.baker@thomsonreuters.com
Or Amber King at (651)848-3451 or by e-mail: amber.king@thomsonreuters.com

Filing submitted by,
Penny Baker
PT Filing Administrator
Oden, a West business
610 Opperman Drive
Eagan, MN 55123

Rating Organization: Oden a West Business
610 Opperman Drive
D3- S1220
Eagan, MN
(651)848-3472

**DISTRICT OF COLUMBIA
(Commercial Lines)**

FILING REFERENCE NO. DCC-CN-0518#14

Cancellation & Nonrenewal Notices for Commercial Lines Policies are submitted for approval based on Notice of Cancellation and Nonrenewal Update for Property and Casualty Insurers Operating in the District of Columbia – March 9, 2018. Updated the addresses and phone numbers for the District's Assigned Risk Plans. Filing Reference No. DCCCNR - 0315#15 is hereby withdrawn.

Forms to be Withdrawn:

New Form Numbers:

COMMERCIAL FORMS

CANCELLATION

**CC96970801DC82013
Excess Workers' Compensation for
all permitted reasons**

CC96970801DC42018

NONRENEWAL

**CN96970801DC82013
Excess Workers' Compensation for
all permitted reasons**

CN96970801DC42018